ORGANIZATIONS Food Gift Card Tracking Form for EMERGENCY NEEDS

CHILDREN'S AID CLUB

In order to better be able to report to our donors on the number of people we serve, we ask OUR LIAISONS to fill out this form. Please return it to caclindaianelli@gmail.com for reporting when the form is filled for the specific Organization we are assisting during this critical time.

NAME OF ORGANIZATION_____

CHILDREN'S AID CLUB liaison is: _____Contact#_____

DATE	FAMILY name First name Last initial	Veteran Y/N	# of Children Under 19	# of Adults	#Homeless or In Crisis	Value of Cards	ALDI Or Publix Cards
						$	
						$	
						$	
						$	
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April 1, 2020